Dealing with ethics in a multicultural world

Willingness to appreciate less familiar views and traditions is crucial

We are constantly reminded of the wide-ranging convictions and customs of our patients. The cultural norms of ethnic minority communities may affect health care provision in many ways. Most societies now exhibit cultural pluralism. But most of the human race continues to believe in universal ethical principles. Despite their areas of disagreement, both religious and rational fundamentalists can and must agree that freedom of belief and tolerance of the beliefs of others are essential first principles.

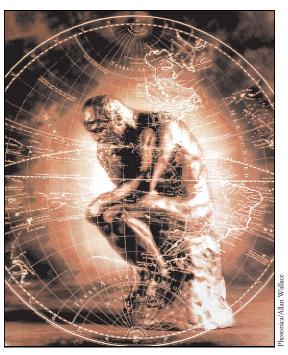
With rapid advances in transportation and communication comes the possibility that our appreciation of the enormous heterogeneity of human beliefs and practices will increase even further. Death practices, for example, vary considerably between cultures. Prescribed rituals of disposing of the deceased range from burial in the Semitic faiths,3,4 to cremation among Buddhists and Sikhs,5 to the Zoroastrian practice of leaving the corpse in a "Tower of Silence" for consumption by eagerly awaiting vultures.⁶ Even the universally outlawed Hindu rite of suttee—the jumping of a widow into the funeral pyre of her husband—is still practiced, albeit rarely.7 Such variety of cultural expression can pose real tensions for individuals seeking to deliver patient-centered care.8 But it may also provide opportunities for genuine and important personal development.

Confronted with such variation, we might ask: "Which is the right way to dispose of the deceased?" In many Western societies, however, this type of questioning is viewed with skepticism and derision. Developments in social sciences, it is argued, have taught us that diversity is the norm and not the exception and that traditions are in effect social constructs having no intrinsic worth of their own.⁹ To the postmodern mind, the question of "right" and "wrong" is redundant. Morality is no more than a matter of opinion, opinions vary from culture to culture, and they can be judged by no objective or absolute standard.¹⁰ And anyway, the postmodernists go on to argue, "judging" cultures is mere arrogance. Such judgments, they believe, have wreaked havoc—giving rise to such blushes as apartheid and colonialism.

The tolerance and understanding preached by such cultural relativists appear persuasive. But in the absence of any notion of "truth" at all, the relativists must surely find intolerance equally valid. If there really is no truth at all, then it is meaningless for anyone to criticize the Holocaust, genocide in the Balkans, or institutional racism in the health sector. ¹¹ With respect to death customs, the

philosophical outlook of relativists is that all methods of disposing of the corpse are equally appropriate, and all should therefore be supported. But surely some forms of disposal are inhumane and should not be facilitated in a civilized society? Incoherent, anarchistic, and ultimately nihilistic, relativism convinces neither the mind nor the heart.

In essence, there are only 2 means of determining the ethica universalis conclude the social anthropologists Gellner and Ahmed. 12,13 One is rooted in religious faith, the other in rational thought. Embracing many distinctive subthemes, ethical disagreements will necessarily exist between such sharply conflicting world views. Such disagreement is not, however, an excuse for moral ineptitude. Living the examined life requires the willingness to hear less familiar world views and to acquire the skills to do so meaningfully. It is necessary to be aware, for example, that the piecemeal empirical method of enquiry is based on a world view that is fundamentally reductionist. When studying the "package deals" offered by religious tradition, justice demands that we grapple with the central claims made by each tradition and reach a verdict on the package as a whole.12 This is a crucial point, but one that is so often neglected in contemporary discussions of the ethics of diversity.14



Physicians must grapple with central claims of multiple traditions and beliefs of their patients

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Inevitably, in any human society, certain beliefs will be (rightly or wrongly) construed as unethical by the custodians of power, to the extent that their cultural expression is not sanctioned (such as suttee in the example cited earlier). As autonomous moral agents, we have a responsibility to question the veracity of our own beliefs. The cultural diversity that now surrounds us enables us to obtain, perhaps for the first time, an insider's appreciation of world views other than our own.¹⁵

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